Agency Checklist DBM-2020-Desktop Contract Processing

4	Agency/Division:	Date:			
4	Agency Contact:	Email:	+ Telephone:	Fax:	
4	Brief Description of request:		_ ADPICS Purchase Order Numb	er:	
4	Contractor :	Amoun	t:		
4	Is the contractor authorized to sell manufacturer's brand under DBM-2020-Desktop contract? • YES Proceed with request.				
	Only one Category may be processed at a time				
Cat	Category 1 - Microcomputers & Associated F				
	If software is included in a desktop, laptor in a separate request to Category 3, COT Installation Service per Desktop • YES	op, or server, it should only 'S contractors.	• •	•	
	\$\frac{1}{4}\$ Stand Alone Upgrade to 24x7, 1 year Man	ufacturer Warranty per Uni	t O YES O NO		
	Are post warranty maintenance services requested? • YES • NO				
	Is the contractor that sold the original pr	•		ce? O VFS O NO (DO NOT PROCESS	
		·		cc. 3 123 3 No (BO NOT TROCESS)	
	Normal State Hours per Unit O 1st Year				
	'	r PWM O 2nd Year PWM	○ 3rd Year PWM		
Cai	ategory 2 - Printers & Associated Peripher	ais			
	Installation Service per Desktop				
	O Stand Alone Upgrade to 24x7, 1 y				
	Are post warranty maintenance services re-	Are post warranty maintenance services requested? • YES • NO			
	ls the contractor that sold the original pr	Is the contractor that sold the original product from this contract providing the post warranty maintenance? O YES O NO (DO NOT PROCESS			
	Stand Alone Post Warranty Maintenance (PWM)				
	Normal State Hours per Unit	O 1st Year PWM O 2nd Y	ear PWM O 3rd Year PWM		
	24 x 7 per Unit	O 1st Year PWM O 2nd Y	ear PWM 3rd Year PWM		
Cat	ategory 3 - Commercial-Off- The-Shelf (CO	OTS) Software			
	Operating System to be installed on ••	Windows O Mac O	Linux O Novell NetWare O Un	nix O Other	
4	Are services such as training, staff supp	ort, IT consulting, Tele	com equipment requested?	YES (DO NOT PROCESS) O NO	
4	Agency Justification for purchase:				
	Please describe the business need and ju during the analysis of your request to obtain a supporting documentation. (Do not send a congency Budget information:	approval. Is this request ref	erenced in your agency's IT Master Pl	his information will be used by DBM an and/or an ITPR, if so, please provide	
	Funding Source (Check all that apply)	· · · · · · · · · · · · · · · · · · ·	O Federal O Reimbursable	Other	
	Appropriation Code (8 Digit R*STARS code	, 			
	Sub Program Code (4 Digit R*STARS code) PCA Code (5 Digit R*STARS code)				
Age	gency required documentation:				
	Copy of the written bid request to all cor	ntractors (include selection	factors e.g. product availability, del	iverv)	
	Copy of contractor quotations and/or no bid responses				
	Copy of the manufacturer's web page for	r each component on agenc	y bid request		
	Agency rationale for selecting the propose rate that is calculated by multiplying the financial proposal. Price is a secondary fa	Manufacturer's Suggested	Retail Price (MSRP) by the percentage		

Send documentation to DBM OIT Contracts & Project Management Division:

→ ATTN: 2020-Desktop, 45 Calvert St. Annapolis, MD 21401 Phone: (410) 260-7642, Fax: (410) 974-5615, email: desktop@dbm.state.md.us